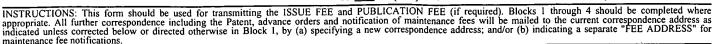
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000



maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 24024 7590 12/12/2003 CALFEE HALTER & GRISWOLD, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile 800 SUPERIOR AVENUE **SUITE 1400** transmitted to the USPTO, on the date indicated below. CLEVELAND, OH 44114 Mary Curtin (Depositor's name (Signature (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 4127 21220/04097 01/07/2002 10/040,768 Thomas J. Nostrand TITLE OF INVENTION: TRANSIENT SUPPRESSION APPARATUS FOR POTENTIALLY EXPLOSIVE ENVIRONMENTS ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY APPLN. TYPE 03/12/2004 \$1330 \$300 \$1630 nonprovisional NO **EXAMINER** ART UNIT CLASS-SUBCLASS 2836 361-058000 LEJA, RONALD W 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Calfee, Halter & names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single Griswold LLP $\hfill \Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name David R. Percio PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Charlotte, North Carolina Simmonds Precision Products, Inc. individual **X**corporation or other private group entity □ government Please check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s) X A check in the amount of the fee(s) is enclosed. Xissue Fee

☐ Payment by credit card. Form PTO-2038 is attached.

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Date) (Authorized Signature) 04 telle 1-B

NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

01/14/2004 SHIMASS2 00000091 10040768

X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 0.3-0.172 (enclose an extra copy of this form).

1330.00 OP 01 FC:1501 02 FC:1504 300.00 OP 03 FC:8001 9.00 02

APublication Fee

Advance Order - # of Copies __